## Foster Family Home - Corrective Action Report

Provider ID:

4-597552

Home Name:

Jessica Domingo, CNA

Review ID:

4-597552-6

1016 Laelae Street

Reviewer:

Sue Lo

Wailuku

HI 96793

Begin Date:

7/25/2017

End Date: 8112017

**Foster Family Home** 

**Required Certificate** 

[17-1454-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

6 (d)(1) Requirements at the time of the home visit made for a 3-bed requested to decreased back to 2-bed on 7/25/2017. No corrective action required. Home is eligible for a 2 year 2-bed certification.

Compliance Manager

Arimary Care Give

\_\_\_\_\_/ Date

7/25/20

Date

7/25/2017 17:39 PM